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<input type="checkbox"/>	L9	l4 or L8	22
<input type="checkbox"/>	L8	l1 and L7	20
<input type="checkbox"/>	L7	l5 or L6	1490
<input type="checkbox"/>	L6	female near3 sexual dysfunction	1380
<input type="checkbox"/>	L5	female near3 arousal disorder	285
<input type="checkbox"/>	L4	l1 same L2	9
<input type="checkbox"/>	L3	l1 and L2	296
<input type="checkbox"/>	L2	erect\$ near3 (dysfunction or inabl\$ or problem\$ or disorder or disease)	6258
<input type="checkbox"/>	L1	bFGF or basic fibroblast growth factor	12385

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=> s bFGF or basic fibroblast growth factor
L1 36990 BFGF OR BASIC FIBROBLAST GROWTH FACTOR

=> s impoten?
L2 21530 IMPOTEN?

=> s erectile (3a) (disorder or dysfunction or disease or inab?)
L3 15377 ERECTILE (3A) (DISORDER OR DYSFUNCTION OR
DISEASE OR INAB?)

=> s l2 or l3
L4 29587 L2 OR L3

=> s l1 and l4
L5 28 L1 AND L4

=> dup rem l5
PROCESSING COMPLETED FOR L5
L6 22 DUP REM L5 (6 DUPLICATES REMOVED)

=> d bib abs 1-
YOU HAVE REQUESTED DATA FROM 22 ANSWERS -
CONTINUE? Y/(N):y

L6 ANSWER 1 OF 22 CAPLUS COPYRIGHT 2006 ACS on STN
AN 2006:269747 CAPLUS <<LOGINID::20061110>>

DN 144:286715
TI Thyroid hormone analogs and their polymeric conjugates, alone
or in

combination with other drugs, as modifiers of angiogenesis
IN Mousa, Shaker A.; Davis, Faith B.; Davis, Paul J.
PA Ordway Research Institute, USA
SO PCT Int. Appl., 163 pp.

CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1
PATENT NO. KIND DATE APPLICATION NO.
DATE

PI WO 2006031922 A2 20060323 WO 2005-US32813
20050915

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY,
BZ, CA, CH,
CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES,
FI, GB, GD,
GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KP,
KR, KZ,
LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN,
MW, MX, MZ,
NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC,
SD, SE, SG,
SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ,
VC, VN,

YU, ZA, ZM, ZW
RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB,
GR, HU, IE,
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BJ,

CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD,
TG, BW, GH,
GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW,
AM, AZ, BY,

KG, KZ, MD, RU, TJ, TM
PRAI US 2004-943072 A2 20040915
US 2005-670534P P 20050413

AB Disclosed are methods of treating subjects having conditions
related to

angiogenesis including administering an effective amt. of a
polymeric form
of thyroid hormone, or an antagonist thereof, to promote or inhibit
angiogenesis in the subject. Comps. of the polymeric forms of
thyroid

hormone, or thyroid hormone analogs, are also disclosed.

Imaging agents
are also claimed for diagnosing a neurodegenerative disease
comprising a
labeled thyroid hormone analog that binds to transthyretin.

L6 ANSWER 2 OF 22 EMBASE COPYRIGHT (c) 2006 Elsevier
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DUPPLICATE 1

AN 2006186128 EMBASE <<LOGINID::20061110>>
 TI Intracavernosal ***basic*** ***fibroblast*** ***growth***
 factor improves vasoreactivity in the
 hypercholesterolemic rabbit.
 AU Xie D.; Pippen A.M.; Odronic S.I.; Annex B.H.; Donatucci C.F.
 CS Dr. B.H. Annex, VA Medical Center, 508 Fulton St., Durham,
 NC 27710,
 United States, annex001@mc.duke.edu
 SO Journal of Sexual Medicine, (2006) Vol. 3, No. 2, pp. 223-232. .
 Refs: 36
 ISSN: 1743-6095 E-ISSN: 1743-6109
 CY United Kingdom
 DT Journal; Article
 FS 003 Endocrinology
 005 General Pathology and Pathological Anatomy
 028 Urology and Nephrology
 037 Drug Literature Index
 LA English
 SL English
 ED Entered STN: 8 May 2006
 Last Updated on STN: 8 May 2006
 AB Purpose. We determined the effects of intracavernosal injection (ICI) of recombinant ***basic*** ***fibroblast*** ***growth*** ***factor*** (rbFGF) on corporal tissue in hypercholesterolemic rabbits.
 Methods. Twenty New Zealand White rabbits were fed a 1% cholesterol diet for 6 weeks and were randomly divided into four groups. Group 1 (N = 5) received an ICI of phosphate buffered saline solution (PBS) once and again 3 weeks later. Group 2 (N = 4) received an ICI of 2.5 .mu.g rbFGF once and PBS 3 weeks later. Group 3 (N = 6) received an ICI of 2.5 .mu.g rbFGF once and again 3 weeks later. Group 4 (N = 5) received an ICI of 2.5 .mu.g rbFGF once. All animals were maintained on the high cholesterol diet until sacrifice, 3 weeks after last injection. Strips of corporal tissue were submaximally contracted with norepinephrine, and dose-response curves were generated to evaluate endothelial-dependent (acetylcholine, ACH) and endothelial-independent (sodium nitroprusside, SNP) vasoreactivity. Protein levels of ***bFGF*** and vascular endothelial growth factor (VEGF) were assessed by enzyme-linked immunosorbent assay.
 Neuronal nitric oxide synthase (nNOS) protein and mRNA were detected by Western blot and semi-quantitative polymerase chain reaction, respectively. Results. Vasoreactivity was improved by ***bFGF*** treatment as shown by higher ED50[-log(M)] of ACH and SNP in Groups 2, 3, and 4. The expression of ***bFGF*** protein, VEGF protein, nNOS protein, and mRNA were all increased after ***bFGF*** treatment.
 Conclusion. ICI of ***bFGF*** improved vasoreactivity in hypercholesterolemic rabbit corporal tissue, offering a new direction to explore for the treatment of ***erectile*** ***dysfunction*** .COPYRGT. 2005 International Society for Sexual Medicine.

L6 ANSWER 3 OF 22 EMBASE COPYRIGHT (c) 2006 Elsevier
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 AN 2006252764 EMBASE <<LOGINID::20061110>>
 TI Update on ***erectile*** ***dysfunction*** in prostate cancer patients.
 AU Kendirci M.; Bejma J.; Hellstrom W.J.G.
 CS Dr. W.J.G. Hellstrom, Section of Andrology, Department of Urology, Tulane University Health Sciences Center, 1430 Tulane Avenue, SL-42, New Orleans, LA 70112, United States, whellst@tulane.edu
 SO Current Opinion in Urology, (2006) Vol. 16, No. 3, pp. 186-195.
 Refs: 72
 ISSN: 0963-0643 CODEN: CUOUEQ
 PUI 0004230720060500000013
 CY United Kingdom
 DT Journal; General Review
 FS 008 Neurology and Neurosurgery
 016 Cancer
 028 Urology and Nephrology
 030 Pharmacology
 037 Drug Literature Index
 LA English
 SL English

ED Entered STN: 21 Jun 2006
 Last Updated on STN: 21 Jun 2006
 AB Purpose of review: Evolution in the management of prostate cancer includes increased attention being paid to patient quality of life after treatment, specifically with issues related to sexual function. ***Erectile*** ***dysfunction*** is one of the major concerns of patients undergoing treatment for prostate cancer. There are several recognized factors that determine the postoperative incidence of erectile difficulties, including patient age, degree of cavernosal nerve sparing during surgery, cancer stage, and associated vascular comorbidities. Early initiation of rehabilitation protocols after radical prostatectomy has been advocated to promote the speed and degree of recovery of erectile function. The aim of this communication is to review recent initiatives in ***erectile*** ***dysfunction*** restoration after prostate cancer therapy.

Recent findings: In recognition of the neurogenic basis of ***erectile*** ***dysfunction*** after radical prostatectomy, new strategies have been devised to initiate the rehabilitation process. Type 5 phosphodiesterase inhibitors, vacuum erection devices, and intracavernosal and intraurethral application of vasoactive agents have all been reported in a positive light in recent studies. Developments in cavernous nerve graft interposition procedures, perioperative neuroprotection measures, and postoperative neurotrophic treatments aim to preserve prostate cancer patients' qualities of life. Summary: Data generated from a number of clinical investigations document that pharmacologic rehabilitation programs provide a higher rate of recovery of erectile function following radical prostatectomy. Both intracavernosal and intraurethral applications of vasoactive agents and vacuum devices can speed the recovery period for return of erectile function. Various neuroprotective and neurotrophic approaches are thought to provide integral roles for the maintenance of sexual function in men undergoing prostate cancer therapy.

.COPYRGT. 2006 Lippincott Williams & Wilkins.

L6 ANSWER 4 OF 22 EMBASE COPYRIGHT (c) 2006 Elsevier
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 AN 2006521837 EMBASE <<LOGINID::20061110>>
 TI Neuromodulatory drugs for the radical prostatectomy patient: Current and future applications.
 AU Webster J.C.; Davila H.H.; Parker J.; Carrion R.E.
 CS Dr. R.E. Carrion, H. Lee Moffitt Cancer Center and Research Institute, Genitourinary Program, MCCC 4035, 12902 Magnolia Drive, Tampa, FL 33612-9416, United States, camiore@moffitt.usf.edu
 SO Current Sexual Health Reports, (2006) Vol. 3, No. 3, pp. 120-124. .
 Refs: 44
 ISSN: 1548-3584 E-ISSN: 1548-3592
 CY United States
 DT Journal; General Review
 FS 009 Surgery
 016 Cancer
 022 Human Genetics
 028 Urology and Nephrology
 037 Drug Literature Index
 LA English
 SL English
 ED Entered STN: 7 Nov 2006
 Last Updated on STN: 7 Nov 2006
 AB Prostate cancer is the most common noncutaneous malignancy in US men, with an estimated 232,000 new cases diagnosed in 2005. Radical prostatectomy (RP) has proved to be a safe and effective therapy for localized prostate cancer. However, RP can be associated with some risk of morbidity, which includes a potential compromise in erectile function. Medical therapies for ***erectile*** ***dysfunction*** after RP include vasoactive

agents and neuromodulatory agents. This review evaluates the potential role of neuromodulatory agents in the post-RP patient. The developing an agent that has a high safety profile and long duration of effectiveness makes these agents attractive alternatives for the future.

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L6 ANSWER 5 OF 22 EMBASE COPYRIGHT (c) 2006 Elsevier
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AN 2006129021 EMBASE <>LOGINID::20061110>>
TI Hope springs eternal: Cavemosal nerve regeneration.
AU Syme D.B.Y.; Corcoran N.M.; Bouchier-Hayes D.M.; Costello A.J.
CS D.B.Y. Syme, Department of Urology, Royal Melbourne Hospital, Grattan St, Parkville, Vic. 3050, Australia. david.syme@mh.org.au
SO BJU International, (2006) Vol. 97, No. 1, pp. 17-21..
Refs: 29
ISSN: 1464-4096 E-ISSN: 1464-410X CODEN: BJINFO
CY United Kingdom
DT Journal; General Review
FS 008 Neurology and Neurosurgery
016 Cancer
021 Developmental Biology and Teratology
027 Biophysics, Bioengineering and Medical Instrumentation
028 Urology and Nephrology
LA English
ED Entered STN: 12 Apr 2006
Last Updated on STN: 12 Apr 2006
DATA NOT AVAILABLE FOR THIS ACCESSION NUMBER

L6 ANSWER 6 OF 22 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
AN 2006:132204 BIOSIS <>LOGINID::20061110>>
DN PREV200600144388
TI Methods and compositions for preventing and treating male ***erectile*** ***dysfunction*** and female sexual arousal disorder.
AU Lue, Tom F. [Inventor]; Lin, Ching-Shwyn [Inventor]; Kan, Yuet W. [Inventor]
CS Hillsborough, CA USA
ASSIGNEE: The Regents of the University of California
PI US 06852323 20050208
SO Official Gazette of the United States Patent and Trademark Office Patents, (FEB 8 2005)
CODEN: OGUPE7. ISSN: 0098-1133.
DT Patent
LA English
ED Entered STN: 22 Feb 2006
Last Updated on STN: 22 Feb 2006
AB This invention relates generally to the field of urology. In particular, the invention provides a method for preventing or treating male ***erectile*** ***dysfunction*** or female sexual arousal disorder, which method comprises administering an effective amount of vascular endothelial growth factor (VEGF), brain-derived neurotrophic factor (BDNF), ***basic*** ***fibroblast*** ***growth*** ***factor*** (***bFGF***), or a functional derivative or fragment thereof, or a nucleic acid encoding said VEGF, BDNF or ***bFGF***, or functional derivative or fragment thereof, or an agent that enhances production and/or erection or sexual arousal stimulating function of said VEGF or BDNF or ***bFGF*** to a mammal, wherein such prevention or treatment is desirable, thereby preventing or treating said male ***erectile*** ***dysfunction*** or female sexual arousal disorder in said mammal. Combinations, combinatorial methods and kits for preventing or treating male ***erectile*** ***dysfunction*** or female sexual arousal disorder are also provided. STATEMENT OF RIGHTS TO INVENTIONS MADE UNDER FEDERALLY SPONSORED RESEARCH This invention is supported by Grant No. DK45370 and DK51374 of the National Institutes of Health. The United States government may have certain rights in this invention. The disclosure of the above-described application is incorporated herein by reference in its entirety.

L6 ANSWER 7 OF 22 CAPLUS COPYRIGHT 2006 ACS on STN AN 2005:283330 CAPLUS <>LOGINID::20061110>>
DN 142:330277

TI Thyroid hormone analogs and their polymeric conjugates, alone or in combination with other drugs, as modifiers of angiogenesis
IN Mousa, Shaker A.; Davis, Faith B.; Davis, Paul J.
PA Ordway Research Institute, USA
SO PCT Int. Appl., 72 pp.
CODEN: PIXXD2

DT Patent
LA English
FAN.CNT 1
PATENT NO. KIND DATE APPLICATION NO.
DATE

PI WO 2005027895	A2	20050331	WO 2004-US30583 20040915
WO 2005027895	A3	20050506	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, UZ, VC, VN, YU, ZA, ZM, ZW
RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG			
AU 2004273986	A1	20050331	AU 2004-273986 20040915
CA 2539288	AA	20050331	CA 2004-2539288 20040915
EP 1670449	A2	20050621	EP 2004-784443 20040915
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, FI, RO, CY, TR, BG, CZ, EE, HU, PL, SK PRAI US 2003-502721P P 20030915 WO 2004-US30583 W 20040915			
AB Disclosed are methods of treating subjects having conditions related to angiogenesis including administering an effective amt. of a polymeric form of thyroid hormone, or an antagonist thereof, to promote or inhibit angiogenesis in the subject. Compsns. of the polymeric forms of thyroid hormone, or thyroid hormone analogs, are also disclosed.			

L6 ANSWER 8 OF 22 CAPLUS COPYRIGHT 2006 ACS on STN AN 2005:1132649 CAPLUS <>LOGINID::20061110>>
DN 143:411065
TI Drug delivery systems containing drugs in a water soluble composition immersed in a hydrophobic medium for improved penetration through biological barriers
IN Ben-Sasson, Shmuel A.
PA Israel
SO U.S. Pat. Appl. Publ., 25 pp.
CODEN: USXXCO
DT Patent
LA English
FAN.CNT 1
PATENT NO. KIND DATE APPLICATION NO.
DATE

PI US 2005232981	A1	20051020	US 2005-105763 20050414
WO 2006097793	A2	20060921	WO 2005-IB4183 20050414
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 YU, ZA,
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 KZ, MD, RU, TJ, TM

PRAI US 2004-562345P P 20040415

OS MARPAT 143:411065

AB This invention relates to novel penetrating compns. including one or more effectors included within a water sol. compn., immersed in a hydrophobic medium. The invention also relates to methods of treating or preventing diseases by administering such penetrating compns. to affected subjects.

For example, a compn. with improved insulin across epithelial barrier contained insulin, spermine, phytic acid, sodium dodecanoate, octanol/geraniol, mineral oil/medium chain triglycerides/castor oils.

L6 ANSWER 9 OF 22 CAPLUS COPYRIGHT 2006 ACS on STN AN 2005:546880 CAPLUS <>LOGINID::20061110>>

DN 143:83457

TI compositions facilitating translocation of therapeutic effector across

biol. barrier comprising hydrophobic agent, counter ion, penetrating peptide, and/or protease inhibitor

IN Ben-Sasson, Shmuel A.; Cohen, Einat

PA Israel

SO U.S. Pat. Appl. Publ., 59 pp., Cont.-in-part of U.S. Ser. No. 665,184.

CODEN: USXXCO

DT Patent

LA English

FAN.CNT 4

PATENT NO.	KIND	DATE	APPLICATION NO.
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PI US 2005136103 A1 20050623 US 2004-942300

20040916

US 2004146549 A1 20040729 US 2003-665184

20030917

US 7115707 B2 20061003

US 2005058702 A1 20050317 US 2003-664989

20030917

PRAI US 2003-503615P P 20030917

US 2003-664989 A2 20030917

US 2003-665184 A2 20030917

US 2002-355396P P 20020207

WO 2003-IB968 A2 20030207

OS MARPAT 143:83457

AB This invention relates to novel pharmaceutical compns. capable of facilitating penetration of at least one effector across biol. barriers.

The compns. may comprise therapeutic effectors, hydrophobic agents,

counter ions, protein stabilizers, penetrating peptides, surface active

agents, and protease inhibitors. Disclosed are methods for

producing the compns. of the invention, and their uses. The invention also relates to

methods of treating or preventing diseases by administering these compns.

to affected subjects, and methods of vaccination.

L6 ANSWER 10 OF 22 CAPLUS COPYRIGHT 2006 ACS on STN

AN 2005:238432 CAPLUS <>LOGINID::20061110>>

DN 142:303641

TI Compositions capable of facilitating penetration across a biological barrier

IN Ben-Sasson, Shmuel A.; Cohen, Einat

PA Israel

SO U.S. Pat. Appl. Publ., 12 pp.

CODEN: USXXCO

DT Patent

LA English

FAN.CNT 4

PATENT NO.	KIND	DATE	APPLICATION NO.
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DATE

PI US 2005058702 A1 20050317 US 2003-664989
 20030917
 US 2005136103 A1 20050623 US 2004-942300
 20040916
 AU 2004317954 A1 20051013 AU 2004-317954
 20040917
 CA 2539043 AA 20051013 CA 2004-2539043
 20040917
 WO 2005094785 A2 20051013 WO 2004-IB4452
 20040917
 WO 2005094785 A3 20060323
 W: AE, AG, AL, AT, AU, AZ, BA, BB, BG, BR, BW, BY,
 BZ, CA, CH,
 CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES,
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 ZM, ZW
 RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG,
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 AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ,
 DE, DK,
 EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PL, PT,
 RO, SE,
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 MR, NE,
 SN, TD, TG
 EP 1670500 A2 20060621 EP 2004-821561

20040917
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IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU,
 PL, SK, HR

PRAI US 2003-503615P P 20030917

US 2003-664989 A2 20030917

US 2003-665184 A2 20030917

WO 2004-IB4452 W 20040917

AB This invention relates to novel pharmaceutical compns. for delivery of

biol. active mols., such as polypeptides, drugs and other therapeutic agents, across various biol. barriers mixing one or more effectors (anionic impermeable mols.) with a counter ion to the effector (a liq.

forming cation). The invention also relates to methods of treating or preventing diseases by administering pharmaceutical compns. to affected

subjects. For example, an ionic liq. forming cation was used to enable

the translocation of insulin across an epithelial barrier. A compn. contg. recombinant human insulin and an ionic liq. forming cation, e.g.,

1-butyl-3-methylimidazolium chloride, together with phytic acid, Pluronics

F68, aprotinin, Solutol HS-15, and N-acetylcycteine was

administered rectally or by injection into an intestinal loop of a test animal, e.g., a

mouse. Blood glucose levels decrease in relation to the amt. of insulin absorbed from the intestine into the bloodstream (i.e., in an amt. that correlates to the amt. of insulin absorbed). Thus, this drug delivery

system can replace the need for insulin injections, thereby providing an

efficient, safe and convenient route of administration for diabetes patients.

L6 ANSWER 11 OF 22 EMBASE COPYRIGHT (c) 2006 Elsevier

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AN 2005128060 EMBASE <>LOGINID::20061110>>

TI Effect of ***basic*** ***fibroblast*** ***growth***

factor incorporating gelatin microspheres on erectile

function in

the diabetic rat.

AU Suetomi T.; Hisasue S.-I.; Sato Y.; Tabata Y.; Akaza H.;

Tsukamoto T.

CS S.-I. Hisasue, Department of Urology, Sapporo Medical

University, School

of Medicine, S1-W16, Chuo-ku, Sapporo, Hokkaido, 060-8543,

Japan.

hisasue@apmed.ac.jp

SO Journal of Urology, (2005) Vol. 173, No. 4, pp. 1423-1428. .

Refs: 20

ISSN: 0022-5347 CODEN: JOURAA

CY United States
 DT Journal; Article
 FS 003 Endocrinology
 028 Urology and Nephrology
 029 Clinical Biochemistry
 030 Pharmacology
 037 Drug Literature Index
 LA English
 SL English
 ED Entered STN: 7 Apr 2005
 Last Updated on STN: 7 Apr 2005
 AB Purpose: We report the potential of ***basic***
 fibroblast
 growth ***factor*** (***bFGF***) incorporating gelatin microspheres to preserve erectile function in a diabetic rat model.
 Materials and Methods: A total of 48 adult male rats were divided into 3 groups, namely control (nondiabetic rats), diabetes mellitus (DM) (diabetic rats that received gelatin microspheres with saline) and ***bFGF*** (diabetic rats that received gelatin microspheres with ***bFGF***). After 4 and 8 weeks we examined intracavernous pressure responses with electrical stimulation to the cavernous nerve. For histological examination of the penis we performed Azan-Mallory staining for smooth muscle and collagen, and immunohistochemistry for endothelial nitric oxide synthase (NOS) in endothelium and neuronal NOS in cavernous nerve fiber. Results: Although the intracavernous pressure response was significantly lower in the DM group than in the control group, pressure in the ***bFGF*** group was maintained at the normal level found in controls. Azan-Mallory staining showed a mass decrease in smooth muscle in cavernous tissue in the DM group. However, that in the ***bFGF*** group was maintained. There was no significant difference in endothelial NOS positive areas and the distribution of the diameter of neuronal NOS positive nerve fibers in cavernous tissue among the 3 groups. Conclusions: We report the maintenance of erectile function with ***bFGF*** incorporating gelatin microspheres in diabetic rats. The rationale of this maneuver is smooth muscle preservation by the long-term release of ***bFGF***. This is a novel therapeutic option that is clinically applicable for diabetes induced ***erectile*** ***dysfunction***. Copyright .COPYRIGHT. 2005 by American Urological Association.

L6 ANSWER 12 OF 22 CAPLUS COPYRIGHT 2006 ACS on STN
 AN 2004:20807 CAPLUS <>LOGINID::20061110>>
 DN 140:99589
 TI Use of peptides derived from junctional adhesion molecules to permeabilize mucosa for improved efficiency of mucosal delivery of therapeutic compounds
 IN Quay, Steven C.
 PA Nastech Pharmaceutical Company, Inc., USA
 SO PCT Int. Appl., 426 pp.
 CODEN: PIXXD2
 DT Patent
 LA English
 FAN,CNT 1
 PATENT NO. KIND DATE APPLICATION NO.
 DATE

PI	WO 2004003145	A2	20040108	WO 2003-US19994 20030624
	WO 2004003145	A3	20040610	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZM, ZW RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY

KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG
 CA 2487712 AA 20040108 CA 2003-2487712
 20030624 AU 2003279750 A1 20040119 AU 2003-279750
 20030624 US 2004077540 A1 20040422 US 2003-601953
 20030624 EP 1539208 A2 20050615 EP 2003-742185
 20030624 R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK, JP 2005537244 T2 20051208 JP 2004-517800
 20030624 ZA 2004010287 A 20051118 ZA 2004-10287
 20041221
 PRAI US 2002-392512P P 20020628
 WO 2003-US19994 W 20030624
 AB Methods of improving the permeability of mucosal epithelia to improve the efficiency of transmucosal delivery of drugs are described. Permeability is improved by modulating epithelial junction structure or physiol. of the mucosa using a peptide derived from one of the proteins involved in the junction, such as junctional adhesion mols. (JAMs), occludins, or claudins. The permeabilizing agent is typically a peptide or peptide analog or mimetic, often selected or derived from an extracellular domain of a mammalian JAM, occludin or claudin protein. Identification of candidate peptides derived from junctional adhesion mol. JAM-1, claudins and occludins is demonstrated. The effects of the peptides were tested in a com. airway epithelium model. Tests in adult male volunteers showed a significant improvement in the delivery of human interferon .beta. across the nasal mucosa when a peptide derived from JAM-1 was included in an intranasal formulation.

L6 ANSWER 13 OF 22 EMBASE COPYRIGHT (c) 2006 Elsevier
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 AN 2004360286 EMBASE <>LOGINID::20061110>>
 TI Anagrelide: A decade of clinical experience with its use for the treatment of primary thrombocythaemia.
 AU Petrides P.E.
 CS Dr. P.E. Petrides, Department of Medicine, University of Munich Medical School, Hematology Oncology Center, Zweißbrückenstr. 2, 80331 Munich, Germany. Petrides@onkologiemuenchen.de
 SO Expert Opinion on Pharmacotherapy, (2004) Vol. 5, No. 8, pp. 1781-1798.
 Refs: 132
 ISSN: 1465-6566 CODEN: EOPHF7
 CY United Kingdom
 DT Journal; General Review
 FS 025 Hematology
 030 Pharmacology
 036 Health Policy, Economics and Management
 037 Drug Literature Index
 038 Adverse Reactions Titles
 039 Pharmacy
 LA English
 SL English
 ED Entered STN: 9 Sep 2004
 Last Updated on STN: 9 Sep 2004
 AB Primary thrombocythaemia (PT) is the most frequent among the rare chronic myeloproliferative disorders. Life expectancy is determined by thromboembolic and haemorrhagic complications, which can be prevented by cytoreductive therapy. For a long time, hydroxyurea has been considered as the therapeutic gold standard. However, hydroxyurea treatment is not lineage-specific, may not be tolerated because of adverse effects (skin, gastrointestinal tract) and is leukaemogenic when sequentially used with

other DNA-targeting drugs. Hence, anagrelide was welcomed in 1988 when it was first described as being efficient at normalising elevated platelet counts, specific for megakaryocytes and non-mutagenic. Since then, anagrelide has been approved in the US and Canada (Agrinil.RTM., Shire Pharmaceuticals) as well as in Austria and other countries of the EU (Thromboreductin.RTM., AOP Orphan Pharmaceuticals). Clinical Phase III trials (PT1 and ANAHYDRET) are underway to directly compare the efficacy and safety of anagrelide and hydroxyurea. .COPYRGHT. 2004 Ashley Publications Ltd.

L6 ANSWER 14 OF 22 CAPLUS COPYRIGHT 2006 ACS on STN

AN 2003:396441 CAPLUS <>LOGINID::20061110>>
DN 138:396636
TI Methods and compositions for preventing and treating male ***erectile*** ***dysfunction*** and female sexual arousal disorder
IN Lue, Tom F.; Lin, Ching-shwun; Kan, Yuet W.; Carroll, Peter PA USA
SO U.S. Pat. Appl. Publ., 45 pp., Cont.-in-part of U.S. Ser. No. 909,544.

CODEN: USXXCO

DT Patent

LA English

FAN,CNT 2

PATENT NO.	KIND	DATE	APPLICATION NO.
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PI US 2003096747 20020523	A1	20030522	US 2002-155785
US 2002160951 20010719	A1	20021031	US 2001-909544
US 6852323 US 2004180830 20040322	B2	20050208	
US 2005233962 20050121	A1	20040916	US 2004-806515
PRAI US 2000-220031P US 2001-909544 US 2002-155785	P	20000721 A2 20010719 A3 20020523	

AB The invention provides a method for preventing or treating male ***erectile*** ***dysfunction*** or female sexual arousal disorder by administering an effective amt. of one or more factors from a group of factors including vascular endothelial growth factor, brain-derived neurotrophic factor, ***basic*** ***fibroblast*** ***growth*** ***factor***, neurotrophin-3, neurotrophin-4, or angiopoietin-1, wherein the factor is a full length protein or a nucleic acid encoding the factor, or a functional deriv. or fragment thereof, or an agent that enhances prodn. and/or male erection or female sexual arousal stimulating function of the factor(s). Combinations, kits, and combinatorial methods are also provided. Also claimed is a method to identify compds. promoting growth of cavernous nerves from major pelvic ganglia.

L6 ANSWER 15 OF 22 CAPLUS COPYRIGHT 2006 ACS on STN

AN 2003:334645 CAPLUS <>LOGINID::20061110>>
DN 138:348752
TI Sense mRNA therapy using stabilized mRNA
IN Wiederholt, Kristin; Woolf, Tod M.; Taylor, Margaret PA Lahive & Cockfield, LLP, USA
SO U.S. Pat. Appl. Publ., 23 pp.

CODEN: USXXCO

DT Patent

LA English

FAN,CNT 2

PATENT NO.	KIND	DATE	APPLICATION NO.
------------	------	------	-----------------

PI US 2003083272 19980918	A1	20030501	US 1998-156323
PRAI US 1997-59371P	P	19970919	

AB The invention describes methods for the stabilization of mRNA. These alterations increase stability of mRNA and enable its use in sense RNA therapy to transiently express proteins in a cell. Methods are provided

for making such modifications, as are compns. comprising such modifications, and the use of such compns. in treating disease states.

L6 ANSWER 16 OF 22 EMBASE COPYRIGHT (c) 2006 Elsevier
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DUPPLICATE 3
AN 2003292152 EMBASE <>LOGINID::20061110>>

TI Systemic ***basic*** ***fibroblast*** ***growth*** ***factor*** induces favorable histological changes in the corpus cavernosum of hypercholesterolemic rabbits.

AU Dal Q.; Silverstein A.D.; Davies M.G.; Hagen P.-O.; Donatucci C.F.; Annex B.H.

CS B.H. Annex, Division of Cardiology, Durham Vet. Aff./Duke Univ. Med. C.

Box 111A, 508 Fulton St., Durham, NC 27710, United States
SO Journal of Urology, (1 Aug 2003) Vol. 170, No. 2, pp. 664-668.

Refs: 20

ISSN: 0022-5347 CODEN: JOURAA

CY United States

DT Journal; Article

FS 005 General Pathology and Pathological Anatomy

018 Cardiovascular Diseases and Cardiovascular Surgery

028 Urology and Nephrology

030 Pharmacology

037 Drug Literature Index

LA English

SL English

ED Entered STN: 10 Aug 2003

Last Updated on STN: 10 Aug 2003

AB Purpose: Hypercholesterolemia causes ***erectile*** ***dysfunction*** that is associated with abnormalities in

vascular

smooth muscle and endothelial cells. We determined the effects

of

basic ***fibroblast*** ***growth*** ***factor*** (***bFGF***) on corporeal tissue in hypercholesterolemic rabbits.

Materials and Methods: A total of 16 New Zealand White rabbits were fed a 1% cholesterol diet for 6 weeks and were randomly divided into 3 groups.

Group 1 (5 rabbits) received 2.5 .mu.g recombinant ***bFGF*** intravenously once and again 3 weeks later. Group 2 (6 rabbits) received 2.5 .mu.g ***bFGF*** intravenously once and placebo 3 weeks later.

Group 3 (5 rabbits) received placebo intravenously each time.

Rabbits were continuously fed a 1% cholesterol diet and sacrificed 3 weeks after

the last treatment. Smooth muscle, endothelial cell and collagen content were assessed by immunohistochemistry and histochemical staining of

corporeal tissue. Vascular endothelial growth factor (VEGF) protein and mRNA expression were assessed by enzyme-linked immunosorbent assay and reverse transcriptase-polymerase chain reaction. Results:

Corporeal smooth muscle content was greater in groups 1 and 2 (35.24% +. 4.25% and 24.79% +. 3.39%, p <0.01) vs group 3 (19.68% +. 2.94%, vs

groups 1 and 2 p <0.001 and <0.05, respectively). Endothelial cell and collagen

content were similar among the groups. VEGF protein was increased in

group 1 vs group 2 (97.90 +. 26.00 vs 57.03 +. 14.99 pg/ml, p <0.01)

and vs group 3 (39.93 +. 15.08, p <0.01). There was no

statistical difference between groups 2 and 3. VEGF mRNA expression was similar among the groups. Conclusions: Systemic ***bFGF*** increases smooth muscle

content and VEGF protein in hypercholesterolemic rabbit corporeal tissue.

L6 ANSWER 17 OF 22 CAPLUS COPYRIGHT 2006 ACS on STN

AN 2002:89855 CAPLUS <>LOGINID::20061110>>

DN 136:129429

TI Methods and compositions for preventing and treating male ***erectile*** ***dysfunction*** and female sexual arousal disorder using

VEGF, BDNF,

or ***bFGF***

IN Lue, Tom F.; Lin, Ching-Shwun; Kan, Yuet W.

PA USA
 SO PCT Int. Appl., 79 pp.
 CODEN: PIXXD2
 DT Patent
 LA English
 FAN.CNT 2
 PATENT NO. KIND DATE APPLICATION NO.
 DATE

PI WO 2002007757 A2 20020131 WO 2001-US22970
 20010719
 WO 2002007757 A3 20030918
 WO 2002007757 C2 20040506
 W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ,
 CA, CH, CN,
 CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB,
 GD, GE, GH,
 GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC,
 LK, LR,
 LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO,
 NZ, PL, PT,
 RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA,
 UG, UZ,
 VN, YU, ZA, ZW
 RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AM,
 AZ, BY, KG,
 KZ, MD, RU, TJ, TM, AT, BE, CH, CY, DE, DK, ES, FI, FR,
 GB, GR,
 IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM,
 GA, GN,
 GQ, GW, ML, MR, NE, SN, TD, TG
 EP 1365794 A2 20031203 EP 2001-957212
 20010719
 R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE,
 MC, PT,
 IE, SI, LT, LV, FI, RO, MK, CY, AL, TR
 PRAI US 2000-220031P P 20000721
 WO 2001-US22970 W 20010719

AB This invention relates generally to the field of urol. In particular, the invention provides a method for preventing or treating male ***erectile*** ***dysfunction*** or female sexual arousal disorder, which method comprises administering an effective amt. of vascular endothelial growth factor (VEGF), brain-derived neurotrophic factor (BDNF), ***basic*** ***fibroblast*** ***growth*** ***factor*** (***bFGF***), or a functional deriv. or fragment thereof, or a nucleic acid encoding said VEGF, BDNF or ***bFGF***, or functional deriv. or fragment thereof, or an agent that enhances prodn. and/or erection or sexual arousal stimulating function of said VEGF or BDNF or ***bFGF*** to a mammal, wherein such prevention or treatment is desirable, thereby preventing or treating said male ***erectile*** ***dysfunction*** of female sexual arousal disorder in said mammal.

Combinations, combinatorial methods and kits for preventing or treating male ***erectile*** ***dysfunction*** or female sexual arousal disorder are also provided.

L6 ANSWER 18 OF 22 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
 AN 2002:422159 BIOSIS <>LOGINID::20061110>>
 DN PREV200200422159
 TI Nitric oxide synthase and angiogenic growth factor expressions in the penis of an animal model of type 2 diabetes.
 AU Jesmin, Subrina [Reprint author]; Sakuma, Ichiro [Reprint author];
 Halton, Yuichi; Kitabatake, Akira [Reprint author]
 CS Department of Cardiovascular Medicine, Hokkaido University Graduate School of Medicine, Sapporo, 060-8638, Japan
 SO Nitric Oxide, (June, 2002) Vol. 6, No. 4, pp. 406, print.
 Meeting Info.: Second International Conference on Biology, Chemistry and Therapeutic Applications. Prague, Czech Republic. June 16-20, 2002.
 ISSN: 1089-8603.
 DT Conference; (Meeting)
 Conference; Abstract; (Meeting Abstract)
 LA English
 ED Entered STN: 7 Aug 2002
 Last Updated on STN: 7 Aug 2002

L6 ANSWER 19 OF 22 CAPLUS COPYRIGHT 2006 ACS on STN
 AN 2001:265259 CAPLUS <>LOGINID::20061110>>
 DN 134:276162
 TI Method of treating ***erectile*** ***dysfunction*** by administering an angiogenic growth factor such as VEGF or active fragment or mimetic thereof.
 IN Donatucci, Craig; Miller, Julie M.
 PA Duke University, USA
 SO PCT Int. Appl., 39 pp.
 CODEN: PIXXD2
 DT Patent
 LA English
 FAN.CNT 1
 PATENT NO. KIND DATE APPLICATION NO.
 DATE

PI WO 2001024809 A1 20010412 WO 2000-US26782
 20000929
 W: AU, CA, JP
 RW: AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL,
 PT, SE
 CA 2386480 AA 20010412 CA 2000-2386480
 20000929
 EP 1223957 A1 20020724 EP 2000-967083
 20000929
 R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT,
 IE, FI, CY
 US 200403394 A1 20040219 US 2002-315248
 20021210
 PRAI US 1999-157053P P 19991001
 US 2000-675659 B1 20000929
 WO 2000-US26782 W 20000929

AB The present invention relates, in general, to ***erectile*** ***dysfunction*** and, in particular, to a method of treating or preventing dysfunction of penile, clitoral or vaginal erectile tissue by administering an angiogenic growth factor, such as vascular endothelial growth factor (VEGF), or active fragment thereof or mimetic thereof.

RE.CNT 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD
 ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 20 OF 22 CAPLUS COPYRIGHT 2006 ACS on STN
 AN 2001:167844 CAPLUS <>LOGINID::20061110>>
 DN 134:227368
 TI Nitric oxide-producing polymeric hydrogel materials
 IN Hill-West, Jennifer L.; Bohl, Kristyn Simcha
 PA Rice University, USA
 SO PCT Int. Appl., 38 pp.
 CODEN: PIXXD2
 DT Patent
 LA English
 FAN.CNT 2
 PATENT NO. KIND DATE APPLICATION NO.
 DATE

PI WO 2001015738 A2 20010308 WO 2000-US24058
 20000901
 WO 2001015738 A3 20020131
 W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ,
 CA, CH, CN,
 CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE,
 GH, GM, HR,
 HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS,
 LT,
 LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL,
 PT, RO, RU,
 SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ,
 VN, YU,
 ZA, ZW
 RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT,
 BE, CH, CY,
 DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE,
 BF, BJ,
 CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG
 CA 2353531 AA 20010308 CA 2000-2353531
 20000901
 EP 1194171 A2 20020410 EP 2000-959750
 20000901
 R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, MC,
 PT, IE,
 SI, LT, LV, FI, RO
 PRAI US 1999-152054P P 19990902
 WO 2000-US24058 W 20000901

AB Hydrogels releasing or producing NO, most preferably photopolymerizable

biodegradable hydrogels capable of releasing physiol. amts. of NO for prolonged periods of time, are applied to sites on or in a patient in need of treatment thereof for disorders such as restenosis, thrombosis, asthma, wound healing, arthritis, penile ***erectile*** ***dysfunction*** or other conditions where NO plays a significant role. The hydrogels are typically formed of macromers, which preferably include biodegradable regions, and have bound thereto groups that are released in situ to elevate or otherwise modulate NO levels at the site where treatment is needed. The macromers can form a homo or hetero-dispersion or soln., which is polymd. to form a hydrogel material, that in the latter case can be a semi-interpenetrating network or interpenetrating network. Compds. to be released can be phys. entrapped, covalently or ionically bound to macromer, or actually form a part of the polymeric material. The hydrogel can be formed by ionic and/or covalent crosslinking. Other active agents, including therapeutic, prophylactic, or diagnostic agents, can also be included within the polymeric material.

ANSWER 21 OF 22 EMBASE COPYRIGHT (c) 2006 Elsevier
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AN 2000371347 EMBASE <<LOGINID::20061110>>
TI Effect of a Chinese herbal medicine mixture on a rat model of hypercholesterolemic ***erectile*** ***dysfunction***.
AU Bakiroglu M.E.; Hsu K.; El-Sakka A.; Sievert K.-D.; Lin C.S.;
Lue T.F.
AU CS T.F. Lue, Department of Urology, University of California, San Francisco,
CA 94143, United States
SO Journal of Urology, (2000) Vol. 164, No. 5, pp. 1798-1801. .
Refs: 12
ISSN: 0022-5347 CODEN: JOURAA
CY United States
DT Journal Article
FS 028 Urology and Nephrology
037 Drug Literature Index
LA English
SL English
ED Entered STN: 16 Nov 2000
Last Updated on STN: 16 Nov 2000
AB Purpose: We examine the effect of a Chinese herbal medicine mixture on erectile function in a rat model of hypercholesterolemic ***erectile*** ***dysfunction***. Materials and Methods: In this study 32, 3-month-old Sprague-Dawley rats were used. The 8 control animals were fed a normal diet and the remaining 24 were fed 1% cholesterol diet for 4 months. After 2 months herbal medicine was added to the drinking water of the treatment group of 16 rats but not the cholesterol only group of 8. Of the 16 rats 8 received 25 mg/kg. per day (group 1) and 8 received 50 mg/kg. per day (group 2) of Chinese herbal medicine mixture. Serum cholesterol levels were measured at 2 and 4 months. At 4 months erectile function was evaluated with cavernous nerve electrostimulation in all animals. Penile tissues were collected for electron microscopy, and to perform Western blot for endothelial nitric oxide synthase, neuronal nitric oxide synthase, ***basic*** ***fibroblast*** ***growth*** factor*** (***bFGF***) and caveolin-1. Results: Serum cholesterol levels were significantly higher in animals fed the 1% cholesterol diet compared to controls at 2 and 4 months. Nevertheless, there was no significant difference among group 1 (145 .+ .30 mg/dl.), group 2 (157 .+ .20) and the cholesterol only group (143 .+ .15). Systemic arterial pressure was not significantly different between the animals that were fed the 1% cholesterol diet and the controls. During

electrostimulation of the cavernous nerve peak sustained intracavernous pressure was significantly lower in the cholesterol only group (50 ± 23 cm. H₂O) compared to the control group. Conversely erectile function was not impaired in the herbal medicine treated rats. Electron microscopy showed many caveolae with fingerlike processes in the cavernous smooth muscle and endothelial cell membranes in control and treated rats but not in the cholesterol only group of rats. Western blot did not show a difference among groups in protein expression for endothelial nitric oxide synthase and neuronal nitric oxide synthase in penile tissue but caveolin-1 and ***bFGF*** protein expression was significantly higher in groups 1 and 2 than in the cholesterol only and control groups.

Conclusions: Rats developed ***erectile*** ***dysfunction*** after being fed a 1% cholesterol diet for 4 months. Although serum cholesterol levels were similar in the cholesterol only rats and those treated with Chinese herbal medicine mixture, erectile response was significantly better in the treated group. The mechanism of the herbal medicine is unknown. High levels of ***bFGF*** and caveolin-1 expression in the treated group may protect the cavernous smooth muscle and endothelial cells from the harmful effect of high serum cholesterol.

L6 ANSWER 22 OF 22 CAPLUS COPYRIGHT 2006 ACS ON STN

AN 1999-722933 CAPLUS <<LOGINID::20061110>>

DN 131:332126

TI Muscle-derived cell mediated gene delivery for treating muscle-and
bone-related injury or dysfunction

IN Chancellor, Michael B.; Huard, Johnny

PA University of Pittsburgh, USA

SO PCT Int. Appl., 140 pp.

CODEN: PIXXD2

DT Patent

LA English

FAN.CNT 2

PATENT NO.	KIND	DATE	APPLICATION NO.	
DATE				
PI WO 9956785 19990430	A2	19991111	WO 1999-US9451	
WO 9956785 W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, UZ, VN, YU, ZA, ZW RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF; BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG CA 2330660 AA 19991111 CA 1999-2330660	19991111			
19990430	AU 9937757 19990430	A1	19991123	AU 1999-37757
EP 1113807 19990430	A2	20010711	EP 1999-920202	
PT, IE, FI US 6866842 19990430	B1	20050315	US 1999-302896	
EP 1604674 19990430	A2	20051214	EP 2005-57	
PT, IE, FI US 2005265978 20050121	A3	20051221		
PRAI US 1998-83917P EP 1999-920202 US 1999-302896 WO 1999-US9451	P	19980501 A3 19990430 A3 19990430 W 19990430		
AB The invention provides muscle-derived cells, preferably myoblasts and				

muscle-derived stem cells, genetically engineered to contain and express
one or more heterologous genes or functional segments of such
genes, for
delivery of the encoded gene products at or near sites of
musculoskeletal,
bone, ligament, meniscus, cartilage or genitourinary disease,
injury,
defect, or dysfunction. Ex vivo myoblast mediated gene delivery
of human
inducible nitric oxide synthase, and the resulting prodn. of nitric
oxide
at and around the site of injury, are particularly provided by the
invention as a treatment for lower genitourinary tract
dysfunctions. Ex
vivo gene transfer for the musculoskeletal system includes genes
encoding
acidic fibroblast growth factor, ***basic*** ***fibroblast***
growth ***factor***, epidermal growth factor, insulin-like
growth factor, platelet derived growth factor, transforming growth
factor- β , transforming growth factor- α , nerve growth
factor and
interleukin-1 receptor antagonist protein (IRAP), bone
morphogenetic
protein (BMPs), cartilage derived morphogenetic protein
(CDMPs), vascular
endothelial growth factor (VEGF), and sonic hedgehog proteins.

=> s female (3a) (sexual disorder or arousal dysfunction)
L7 41 FEMALE (3A) (SEXUAL DISORDER OR AROUSAL
DYSFUNCTION)

=> s hia
L8 940 HIA

=> d his

(FILE 'HOME' ENTERED AT 16:45:48 ON 10 NOV 2006)

FILE 'EMBASE, BIOSIS, CAPLUS' ENTERED AT 17:04:32 ON
10 NOV 2006
L1 36990 S BFGF OR BASIC FIBROBLAST GROWTH
FACTOR
L2 21530 S IMPOTEN?
L3 15377 S ERECTILE (3A) (DISORDER OR DYSFUNCTION
OR DISEASE OR INAB?)
L4 29587 S L2 OR L3
L5 28 S L1 AND L4
L6 22 DUP REM L5 (6 DUPLICATES REMOVED)
L7 41 S FEMALE (3A) (SEXUAL DISORDER OR AROUSAL
DYSFUNCTION)
L8 940 S HIA

=> s l1 and l7
L9 0 L1 AND L7

=>

--Logging off of STN--

=>
Executing the logoff script...

=> LOG Y

COST IN U.S. DOLLARS	SINCE FILE	TOTAL
ENTRY	SESSION	
FULL ESTIMATED COST	104.98	111.49

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)		
SINCE FILE	TOTAL	
ENTRY	SESSION	
CA SUBSCRIBER PRICE	-9.00	-9.00

STN INTERNATIONAL LOGOFF AT 17:11:10 ON 10 NOV 2006